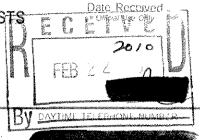
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2010 FEB 23 PM 1: 45

A Public Document



Please type or print in ink

NAME (LAST) (FIRST) (MIDDLE) BY DAYTIME TELEPHONE NUMBER

Yamada Mariko M

MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL E-MAIL ADDRESS (Business Address Acceptable)

1. Office, Agency, or Court
Name of Office Agency, or Court
CA State Assembly
Division, Board, District, if applicable:
8th Assembly District
Your Position:
Assemblymember
▶ If filing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.)
Аденгу:
Position:
2. Jurisdiction of Office (Check at least one box)
∑ State
County of
C ty of
Multi-County
Otner
17/10/2
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/through December 31, 2009.
Leaving Office Date Left:/
 The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
Candidate Fiection Year:

4. Schedule Summary		
► Total number of pages 8 including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the cattached schedules:		
Schedule A-1 🔀 Yes – schedule attriched Investments (Less (ten 10% Ownership)		
Schedule A-2		
Schedule B 🛛 Yes - schedule mtachad Real Property		
Schedule C X Yes – schedule attached Income, Loans, & Business Positions income Other more Gins and fract Paymenn)		
Schedule D Yes – schedule attached Income – Gifts		
Schodule E Yes - schedule adached Income - Gifts - Travel Payments		
-or-		
No reportable interests on any schedule		

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Tehruary 22, 36 (months agr. voge)

Signature

FPPC Form 700 (2009/2010)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	ORMA		7 () (g) Sana
Name	Mariko	M. Yan	nada	

In the control of the	A HAVING AL ODDRINE DO FINITE A
Five Rivers Partnership	CTS Corp
CENERAL DESCRIPTION OF PUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TAIR MARKET VALUE	FAIR MARKET VALUE
	192 000 \$10 000
NATURE OF INVESTMENT Rental Property Strick Chier Rental Property	NATURE OF INVESTMENT Strick Other (Descripe)
Parmership Income of \$0 \ \$500	Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
J 09 J 09 ACGUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Five Rivers Partnership	Honeywell
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CAIR MARKET VALUE	FAIR MARKET VALUE
☐ 52,000 - \$10,000 ☐ \$10,000 ☐ \$10,000 ☐ \$10,000 ☐ \$100,000	☐ \$2,000 + \$19,000
MATURE OF INVESTMENT Stock Other Breaking	NATURE OF INVESTMENT Stock Other (Describe)
Partnership C Income of \$0 - \$600 O Income Received of \$500 or Main (Septer on Satisface C)	Portnersisp Income of \$0 - \$990 Income Received of \$500 or More (Report on Science C)
IF APPLICABLE, LIST DATE:	Il APPLICABLE, LIST DATE:
J J 09 J J 09 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY Bank of America	► NAME OF BUSINESS ENTITY IBM
CENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR VARKET VALUE
\$2.100 + \$10.000 ∑ \$10.000 + \$100.000 □ \$100.001 + \$1,000.000 □ \$1000.000	000 0042 - 100,015
NATURE OF INVESTMENT Stock [] Other	MATURE OF INVESTMENT Stock ☐ Other
Describes [The control of the contr	(Dendrite) [] Partnership O income of \$0 - \$500 O income Received of \$500) or infore utilizan as screenile of
FAPPLICABLE LIST DATE	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	j / 09 / 09 Acquired disposed
~ ommette:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Mariko M. Vamada

MAME OF BUSINESS ENTRY	NAME OF BUSINESS FATHY
Newell Rubbermaid	Sara Lee Corp
CENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
1 AIR MARKET VALUE \$2.000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$7,000 \$10,000 \overline{\text{X}} \$16,001 - \$100,000
S100,001 \$1 000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Stock Other (Describe) Partnership Other of \$0 - \$500 Other Received of \$000 More (Report on Scredule C)	Stock Other (Describe) Partnership (> Income of \$0 - \$500 Income Rechaud of \$500 or Mote (Report or Screaule C)
F APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMEN'F Stock Other (Dissolate)
Partnership () Income til \$0 - \$500 () income Received of \$500 or More (Report on Schedule C)	Partnership Recentle of \$0 - \$500
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000 \$100,000 \$100,001 - \$1,000,000 \$000 \$1,000,000	FAIR MARKET VALUÉ \$2,000 - \$70,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$000,000
NATURE OF INVESTMENT Stock Other Describer	NATURE OF INVESTMENT Strock Other (Descree)
Partnership () Income of \$0 - \$500 O Income Received of \$500 or Mare (Report on Schedulis C)	Partnership C Income of \$0 - \$500 O Income Received of \$500 or Mote (Report in Schedule C)
H APPLICABLE LIST DATE	IF APPLICABLE, LIST DATE:
	// 09// 09 ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM ()) FAIR POLITICAL PRACTICES COMMISSION Манте

Mariko M. Yamada

309-080-35-00 C TY	
CTY	311-163-15-00
	CITY
San Diego	San Diego
TAIR MARKET VALUE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Öwnership/Deed of Trust ☐ Easement	✓ Ownership/Deed of Trust ✓ Elescritikit
Leasaholo	teasehold
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$490	\$0 - \$440 \$500 - \$1,000 X \$1,001 - \$10,000
\$10.601 - \$100,000 OVER \$100,000	\$18,00) - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or inore.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Edith and Edward Polak	Pablo and Norma Valle
	lending institutions made in the lender's regular course
of business on terms available to members of the pub and loans received not in a lender's regular course of	lic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the pub and loans received not in a lender's regular course of	lic without regard to your official status. Personal loans
of business on terms available to members of the published not in a lender's regular course of wake of LENDER* Wells Fargo Home Mortgage	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the published loans received not in a lender's regular course of NAME OF ILENIZER' Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable)	lic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the published had loans received not in a lender's regular course of NAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the published had loans received not in a lender's regular course of NAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the published loans received not in a lender's regular course of NAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the public bund loans received not in a lender's regular course of make of LENDER' Wells Fargo Home Mortgage NOORESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the public bund loans received not in a lender's regular course of MAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the published hand loans received not in a lender's regular course of NAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER NIFREST RATE TERM (Months/Years) 7.625 % None 30 years	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE. TERM (Monits/Years)
of business on terms available to members of the published hand loans received not in a lender's regular course of NAME OF LENGER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER NIFREST RATE TERM (Months/Years) 7.625	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE. TERM (Monitis/Years)
of business on terms available to members of the published hand loans received not in a lender's regular course of NAME OF LENDER* Wells Fargo Home Mortgage ADDRESS (Business Address Acceptable) P.O. Box 14411, Des Moines, IA BUSINESS ACCIVITY IT ANY, OF LENDER NTEREST RATE TERM (Months/Years) 7.625 None 30 years	lic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE. TERM (Months/Years) Whene HIGHEST BACANCE DURING REPORTING PERIOD

SCHEDULE B Interests in Real Property (Including Rental Income)

	ORNI mcale		/() ains su	0
Name	Mariko	 (f a	

445-171-23-00	► STREET ADDRESS OR PRECISE LOCATION
	746 9th Avenue
\$ 8 A.	CITY
San Diego	San Francisco
TARS MARKES VALUE	FAIR MARKET VALUE IF APPLICABLE LIST DATE: \$2.000 - \$10.000 \$10.001 - \$100.000 \$10.001 - \$100.000 \$10.001 - \$100.000 \$400.000 \$400.000
(1) OWN \$1,000 000	<u>X</u> 0+± 31 000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easenmod	
Leasehold Clier Oller	Leastwoold
IF REWIAL PROPERTY GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
[] \$0 - \$45-6	🗍 50 5499 🔲 5500 - \$1,000 🔀 \$1 DG+ - \$10 000
(_) \$10,001 + \$100,000	S10,001 - \$100,000 () OVER \$100,000
SQURCES OF RENTAL INCOME: If you own a 10% or greater into est, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the damp of each tenant that is a single source of income of \$10,000 or more.
	Daniel Rose Ulysses William
You are not required to report loans from commercial le	anding institutions made in the lender's cegular course
You are not required to report loans from commercial le of business on terms available to members of the publicand loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the public	c without regard to your official status. Personal loans
of business on terms available to members of the publicand loans received not in a lender's regular course of b	c without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the publicand loans received not in a lender's regular course of business of LENGER*	c without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the publicand loans received not in a lender's regular course of business Audross Acceptable) ADDRESS (Business Audross Acceptable)	c without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Brismess Address Acceptable)
of business on terms available to members of the publicand loans received not in a lender's regular course of business Audross Acceptable) BUSINESS ACTIVITY, IF AMY OF LENDER	C without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Brismess Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the public and loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF AMY OF LENDER INTEREST RATE FERM (Mamins/Years)	C without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER! ADDRESS (Birsmess Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE: TERM (Multiburgers)
of business on terms available to members of the publicand loans received not in a lender's regular course of business received not in a lender's regular course of business (Bosiness Address Acceptable) BUSINESS ACTIVITY, IF AMY OF LENDER BUSINESS ACTIVITY, IF AMY OF LENDER BUSINESS RATE IERM (Moreins/Years) None	C without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER! ADDRESS (Bramess Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE: TERM (Months/Years)
of business on terms available to members of the publicand loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Autross Acceptable) BUSINESS ACTIVITY, If AMY OF LENDER BUSINESS ACTIVITY, If AMY OF LENDER BUSINESS RATE FERM (MoreIns/Years) A Chest Balance dualing Reporting Period	C Without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER! ADDRESS (Birsmess Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE: TERM (Months/Years) LICHEST BALANCE DURING REPORTING FERIOD

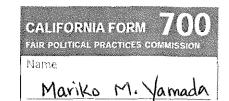
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

GALIF	FORNIA FORM 700
Palle Po	LITICAL PRACTICES COMMISSION
Name	Mańko M. Yamada

NAME OF SOURCE OF INCOME Five Rivers Partnership ADDRESS (Business Address Acceptable)	NAME OF SOURCE OF INCOME National Association of Social Workers ADDRESS (Business Address Acceptable)
P.O. Box 528, Sacramento, CA 95812	1016 23rd Street, Sacramento, CA 95816
EUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Trade Association
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
n/a	n/a
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ 350 <u>6</u> \$1,000 🔯 \$1,001 - \$10,000	S500 \$1,000 S1,001 - \$10,000
S10 001 - \$100,000 DOVER \$100,000	S10,001 - \$100,000 X OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spoose's or registered domestic partner's income	Salary Spouse's or registered domestic partner's arcome
Loan repayment	Loan repayment
Sale (ii	Sale of(Property car boot etc.)
(Property car, boat (4c.)	(Property car boot etc.)
Commission or 🔯 Rental Income, us usen source of \$10,000 or more	Continussion or Remail Income, its each source or \$10,000 or more
[] Other	Other (Pescribe)
11	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	
You are not required to report loans from commercial ler of a retail installment or credit card transaction, made in available to members of the public without regard to you not in a lender's regular course of business must be disc	the lender's regular course of business on terms in official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Yea/s)
	% None
ADDRESS (Business Address Acceptable)	Tris and
	SECURITY FOR LQAN
BUSINESS ACTIVITY IF ANY OF LENDER	None Personal residence
	Real Property Street audiess
HIGHEST BALANCE DURING REPORTING PERIOD	Steel Sport
Sevil - \$1,000	Слу
S1 901 - \$10 300	Guarantor
[] \$10.001 - \$100.000	(1) MACHINE
☐ OV(# \$100 000	Other
	(Describe)
Comments:	

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE		
DeSaulnier for Senate	Home Depot		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Atlarpsis Acceptable)		
P.O. Box 6066 Concord, CA 94524	101 Constitution Ave. Ste 800 West Wash DC 20001		
BUSINESS ACTIVITY IF ANY OF SCHROF	BUSINESS ACTIVITY, IF ANY OF SOURCE		
	Woman's Caucus Dinner		
DATE (mm/dd/yy, VALUE DESCRIFTION OF GIFTIS)	DATE (mm/do/yy) VALUE DESCRIPTION OF GITT(S)		
1 5 09 s 16 Bottle of wine	_1 <u></u>		
NAME OF SOURCE	► NAME OF SOURCE		
Speaker Karen Bass	Thomas Enterprises		
ADDRESS (Busineas Address Acceptable)	ACONESS (Business Adoress Acceptable)		
777 S. Figueroa Street, Ste 4050 Los Angeles 90017	431 Street, Suite 202 Sacramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mmldd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
1 / 8 / 09 s 11.95 Food	1 , 30 , 09 s 155 Ticket to Dinner		
1 , 26 , 09			
9 15 09 45.03 Food			
NAME OF SOURCE	► NAME OF SOURCE		
Amgen	John Rueda		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
601 13th Street NW, 12th Floor Wash D.C. 20005	1903 21st Street Sacramento, CA 95811		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY IF ANY, OF SIGURCE		
DATE (mmrad/yy) VALUE DESCRIPTION OF GIFT(S)	DATE 'mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
2 , 12 , 09 s 300 Ticket to Dinner Gala	2 27 09 s 110 Ticket to Dinner Gala		
\$			
Comments:			
Softmerks,			

SCHEDULE D Income - Gifts



Name

Mariko M. Yamada

► NAME OF SOURCE	NAME OF SOURCE		
CA Professional Firefighters	NASW		
ADDRCSS (Rusiness Address Acceptable)	ADDRESS (Businiss Arthross Atteleptable)		
1780 Creekside Oaks Dr, Ste 200 Sacramento 95833	1016 23rd Street Sacramento, CA 95816		
BUSINESS ACTIVITY IF ANY OF SOURCE	PRISINESS ACTIVITY, IF ANY, OF SOURCE		
	Reception in honor of Laura Chick		
DATE immiddigy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/d0/yy) VALUE DESCRIPTION OF GIFT(S)		
3 / 19 / 09 s 23.98 Junch	8 , 26 , 09 s 29.99 Reception		
/	\$		
NAME OF SOURCE	► NAMI' OF SOURCE		
Kaís Menoufy	Cal Chamber		
ADDRESS (Busmoss Alidross Accopiable)	ACORESS (Business Address Acceptable)		
2495 Natomas Park, Ste 200 Sacramento 95833	1215 K Street, Ste 1400 Sacramento, CA 85814		
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE immiddigy) VALUE DESCRIPTION OF GIFT(S)	DATE Immiddityy) VALUE DESCRIPTION OF CIET(S)		
10 , 12 , 09 s 50 Food	10 , 29 , 09		
NAME OF SOURCE	► NAME OF SOURCE		
Lester Farms	c.c. yin		
ADDRESS (Business Address Acceptable)	ADDRESS (Busilless Address Acceptable)		
4317 Margaret Lane Winters, CA 95694	186 Butcher Koad Vacaville CA 9568		
BUSINESS ACTIVITY, IT ANY, OF SOUNCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mini/dd-yy) VALUE DESCRIPTION OF GIFTIS)	DATE (Immiduryy) VALUE DESCRIPTION OF GITTIS)		
12 , 20 , 09 30 Fruit Gift	4,28,09 ,57.30 Dirner		
	\$		
Comments;			



FAIR COLLTICAL SCHEDULE C PRACTICES CINCOMPOLOANS, & Business Positions Positions Positions Positions

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Five Rivers Partnership	
ADDRESS	ADDRESS
	Applicas
PO Box 528, Sacramento CA 95812	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investment	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Today Sources (Source)
Spouse is a partner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 🔀 \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Edail repayment	L Court te payment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, fist each source of \$10,000 or more	Commission or Rental Income, tist each source of \$10,000 or more
Commission of Memarines in Source of Stores of More	Configuration of the state of t
Other (Describe)	Olher(Describe)
(Describe)	(Describe)
> 2. LOAN RECEIVED	
	ending institutions, or any indebtedness created as part of a
	e lender's regular course of business on terms available to
	tatus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	/S:
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
NAME OF LENDER	IN TOKAS TOKATO TOKAM (MODILITA FEBRE)
**************************************	% None
ADDRE SS	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Dersonal residence
BOOMEOO NOTITITY IF NATA OF ELEMBER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	anger warding
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
	□ 04
OVER \$100,000	Other (Describe)
Verification	
Print Name Mariko M. Yamada Offic	ee, Agency or Court State Assembly Dist. 8
Statement Type 2008/2009 Annual Assuming Leaving Candidate	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information	
contained herein and in any attached schedules is true and comple	te.
	te.
contained herein and in any attached schedules is true and comple	te.

RECEIVED FAIR POEITIGAL PRACTICES COMMISSICHEDULE D TO MAR 16 PM 2: Uncome - Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

NAME OF COURSE	NAME OF SOURCE
► NAME OF SOURCE Lester Farms	C.C. Yin
ADDRESS	ADDRESS
4317 Margaret Lane, Winters CA 95694	186 Butcher Rd. Vacaville CA 95687
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farming	McDonalds Food Franchisee
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 20 / 09 s 30.00 Fruit gift	4 , 28 , 09 s 57.30 Dinner
\$	\$
\$	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mnvdd/yy) VALUE DESCRIPTION OF GIFT(S)
	<u></u>
	\$
\$	
NAME OF SOURCE	Verification
ADDRESS	Print Name Mariko M. Yamada
	Office, Agency State Assembly Dist. 8
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Statement Type 2008/2009 Annual Assuming Leaving Statement Type 2008/2009 Annual Candidate
arma (minanti) minan armani (a)	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed Alleway (5, 90 to
	Signature
Comments:	

PRACTICES COMPSCHEDULE D 10 MAR 16 PM Income - Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE
John Rueda	CA Professional Firefighters
ADDRESS	ADDRESS
1903 21st St. Sacramento CA 95811	1780 Creekside Oaks Dr. Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney	Trade Association
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 / 27 / 09 _{\$} 111.00 Ticket to dinner gala	3 , 19 , 09 _{\$} 23.98 Lunch
\$	
► NAME OF SOURCE	► NAME OF SOURCE
NASW	Kais Menoufy
ADDRESS	ADDRESS
1016 23rd St. Sacramento CA 95816	2495 Natomas Park, Ste 200 Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association	Developer
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8 , 26 , 09 _{\$} 29.99 Food	10 , 12 , 09
// \$	/\$
► NAME OF SOURCE	Verification
Cal Chamber ADDRESS	Print Name Mariko M. Yamada
1215 K St. Ste 1400, Sacramento CA 95814	Office, Agency State Assembly Dist. 8
Trade Association	Statement Type 2008/2009 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	∑ 09 Annual ☐ Candidate
10 , 29 , 09	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
/	contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
//	Date Signed Alculy (5, 2060
·	Signature

Comments: ___

CRACTICES COMMSCHEDULE D

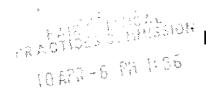
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Comments:



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

NAME OF SOURCE	► NAME OF SOURCE
DeSaulnier for Senate	Home Depot
ADDRESS	ADDRESS
PO Box 6066, Concord CA 94524	101 Constitution Av. Ste 800 W, Wash DC 20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee	Hardware Store Corp.
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 5 09 s 16.00 Wine	1 6 09 3 37.09 Food
	\$
<u> </u>	\$\$
NAME OF SOURCE	► NAME OF SOURCE
Speaker Karen Bass	Thomas Enterprises
ADDRESS	ADDRESS
777 S. Figueroa, Ste 4050, Los Angeles CA 90017	431 / St. Ste 202, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Legislator	Developer
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 8 09 s 11.95 Food	1 , 30 , 09 s 155.00 Ticket to Dinner
1 , 26 , 09	
9 / 15 / 09 _{\$} 45.03 Food	
NAME OF SOURCE	Verification
Amgen	Print Name Mariko M. Yamada
ADDRESS	
601 13th St, NW 12th Fi. Wash. DC 20005	Office, Agency State Assembly Dist. 8
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Develops biological and molecular therapuetics	Statement Type 2008/2009 Annual Assuming Leaving Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
2 / 12 / 09 s 300.00 Ticket to dinner gala	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of Catifornia that the foregoing is true and correct.
\$	Date Signed Accell (5, 2010
	Signature

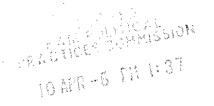


SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

- 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Five Rivers Partnership	
ADDRESS	ADDRESS
PO Box 528, Sacramento CA 95812	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investment	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse is a partner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Selary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loen repayment	Loan repayment
Sale of	Sele of
[Froperly, car, boat, etc.]	(Property, car, boat, etc.)
Commission or Rental income, tist each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mere
lengt of the second of the sec	
Olher	Other (Describe)
Olher (Describe)	(Describe)
members of the public without regard to your official state regular course of business must be disclosed as follows:	
NAME OF LENDER	INTEREST RATE TERM (Monihs/Years)
ADDRESS	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	C Gool Proporty
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
\$500 - \$1,000	Chy
\$1,001 - \$10,000	<u>, </u>
***************************************	Guarantor
[] \$10,001 - \$100,000	Other
☐ OVER \$100,000	Other (Describe)
Verification	
Print Name Mariko M. Yamada Office.	Agency or Court State Assembly Dist. 8
- On	Agency or Court State Assembly Dist. 8
Statement Type 2008/2009 Annual 🗵 09 Annual Ass	numing Leaving Candidate reviewed this statement and to the best of my knowledge the information
Statement Type 2008/2009 Annual 2 09 Annual As: I have used all reasonable diligence in preparing this statement. I have contained herein and in any altached schedules is true and complete.	suming Leaving Candidate reviewed this statement and to the best of my knowledge the information
Statement Type 2008/2009 Annual 2 09 Annual Assiliated Annual 1 have used all reasonable diligence in preparing this statement. I have	suming Leaving Candidate reviewed this statement and to the best of my knowledge the information



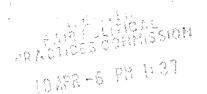
Comments:

SCHEDULE D Income - Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

► NAME OF SOURCE	NAME OF SOURCE
DeSaulnier for Senate	Home Depot
ADDRESS	ADDRESS
PO Box 6066, Concord CA 94524	101 Constitution Av. Ste 800 W, Wash DC 20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee	Hardware Store Corp.
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 5 , 09 s 16.00 Wine	1 6 09 \$ 37.09 Food
	\$
//\$	 \$
NAME OF SOURCE	NAME OF SOURCE
Speaker Karen Bass	Thomas Enterprises
ADDRESS	ADDRESS
777 S. Figueroa, Ste 4050, Los Angeles CA 90017	431 St. Ste 202, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Legislator	Developer
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 8 , 09 s 11.95 Food	1 , 30 , 09 s 155.00 Ticket to Dinner
1 , 26 , 09	
9 / 15 / 09 _{\$} 45.03 Food	
NAME OF SOURCE	Verification
Amgen	Print Name Mariko M. Yamada
ADDRESS	Fillst Harile
601 13th St. NW 12th Fl. Wash, DC 20005	Office, Agency State Assembly Dist. 8
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Develops biological and molecular therapuetics	Statement Type 2008/2009 Annual Assuming Leaving Statement Type Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
2 , 12 , 09 _{\$} 300.00 Ticket to dinner gala	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
// s	Date Signed CON 100 100 10
	Signatu



Comments:



SCHEDULE D

Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

► NAME OF SOURCE	NAME OF SOURCE
John Rueda	CA Professional Firefighters
ADDRESS	ADDRESS
1903 21st St. Sacramento CA 95811	1780 Creekside Oaks Dr. Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney	Trade Association
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 , 27 , 09 \$ 111.00 Ticket to dinner gala	3 / 19 / 09 s 23.98 Lunch
NAME OF SOURCE	► NAME OF SOURCE
NASW	Kais Menoufy
ADDRESS	ADDRESS
1016 23rd St. Sacramento CA 95816	2495 Natomas Park, Ste 200 Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association	Developer
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8 , 26 , 09 s 29.99 Food	10,12,09 s 50.00 Food
NAME OF SOURCE	Verification
Cal Chamber	Print Name Mariko M. Yamada
ADDRESS	
1215 K St. Ste 1400, Sacramento CA 95814	Office, Agency State Assembly Dist. 8
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Trade Association	Statement Type 2008/2009 Annual Assuming Leaving 5 Statement Type Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	1
10 / 29 / 09 ₅ 155.00 Dinner & Train ride	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$	Date Signed On 1000
	Signature



Comments:

SCHEDULE D Income - Gifts



NAME OF SOURCE	▶ NAME OF SOURCE
Lester Farms	C.C. Yin
ADDRESS	ADDRESS
4317 Margaret Lane, Winters CA 95694	186 Butcher Rd. Vacaville CA 95687
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farming	McDonalds Food Franchisee
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 <u>20</u> <u>99</u> <u>\$ 30.00</u> Fruit gift	4 , 28 , 09 s 57.30 Dinner
	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/gd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
NAME OF SOURCE	Verification
ADDRESS	Print Name Mariko M. Yamada
BUSINESS ACTIVITY, IF ANY, OF SOURCE	or Court State Assembly Dist. 8
	Statement Type 2008/2009 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Candidate Candidate I have used all reasonable diligence in preparing this statement. I have
/	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Data Signed Upul 03 90 (0)
	Signature